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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 9 1948

State File No. 35010

Registration District No. 37

Primary Registration District No. 2002

Registrar's No. 2567

1. PLACE OF DEATH: St. Louis  
(a) County University City  
(b) City or town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Residence; 7311 Pershing Ave.,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME ARTHUR SIELING.  
3. (b) If veteran, no 3. (c) Social Security No. 492-05-2185  
name war.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Matilda Sieling.  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 31 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 6 28 hr. min.

9. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired; Mfg.

11. Industry or business Mfg. Spool Cotton Co.

12. Name Henrich Wilhelm Sieling.

13. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Maria unknown

15. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Mitchell.

(b) Address 7311 Pershing Ave.,

17. (a) Entombment (b) Date thereof Nov. 1, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum.

18. (a) Signature of funeral director C.R. Lupton & Sons.  
(b) Address 7233 Delmar Blvd.,

19. (a) 10-29-48 (b) Gene A. Shapero  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7311 Pershing Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 29  
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 10/4/48 to 10/29/48  
that I last saw him alive on 10/25/48  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to Atherosclerosis  
Duration a few minutes

Due to 942  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
(c) Means of injury  
23. Signature E. Lee Shradar (M.D. or other)  
Address 3720 Washington Date signed 10/29/48

NE-6146  
1-4 P.M.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.